

FILED DEC 13 1950

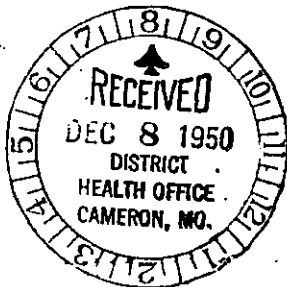
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39669

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No. 522	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth 1130			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Green Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Green Township 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Parnell, Mo.				d. STREET ADDRESS (If rural, give location) Parnell, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) William		c. (Last) Mitchell	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married 0		8. DATE OF BIRTH 7 26 1915	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY for self		9. AGE (In years last birthday) 35		11. BIRTHPLACE (State or foreign country) Parnell, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James L. Mitchell		13b. MOTHER'S MAIDEN NAME Frances Frazey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Susianna Wilkinson Parnell, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Essential Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X				INTERVAL BETWEEN ONSET AND DEATH 6 weeks 3 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 1949, to 11-30, 1950, that I last saw the deceased alive on 11-30, 1950, and that death occurred at 7 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Frank B. Mattoon (Degree or title)				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 12/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12 2 1950		24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan, Mo.	
DATE REC'D BY LOCAL REG. Dec 3 1950		REGISTRAR'S SIGNATURE John E. Dawson 345		FURNERAL DIRECTOR'S SIGNATURE Arch C. Duffer		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address

Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.